

Declaration for Federal Employment

GENERAL INFORMATION

1 FULL NAME ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH (Include City and State or Country) ▶	4 DATE OF BIRTH (MM/DD/YYYY) ▶
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.) ▶ ▶	6 PHONE NUMBERS (Include Area Codes) DAY ▶ NIGHT ▶

MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO."

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES," list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH

FROM

TO

TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

- 8** During the last 10 years, have you been convicted, been imprisoned, been on probation or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 9** Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
- 10** Are you now under charges for any violation of law? If "YES," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 11** During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES," use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.
- 12** Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL QUESTIONS

- 13** Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
- 14** Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17

- 16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed and I may be contacted for such a release at a later date.

16a Applicant's Signature
(Sign in ink)

Date

16b Appointee's Signature
(Sign in ink)

Date

APPOINTING OFFICER: Enter Date of Appointment or Conversion

- 17 Appointee Only (Respond only if you have been employed by the Federal Government before)** : Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal Job?

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "YES" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "NO," use item 15 to identify the type(s) of insurance for which waivers were not

Date (MM/DD/YYYY)		
Yes	No	Don't Know